



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Air Quality
LPA/CPA Consolidation (BWP AQ 33)
Of Previously Issued Plan Approvals

Transmittal Number _____

Facility ID (From Existing
LPA/CPA) _____

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Facility Information (site or works at which the regulated activity occurs)

Facility Name _____

Street Address _____

City/Town _____

MA _____

State _____

ZIP Code _____

MassDEP Account # / FMF Facility # (if Known) _____

Facility AQ # / SEIS ID # (From Existing LPA/CPA) _____

Standard Industrial Classification (SIC) Code _____

North American Industry Classification System (NAICS) Code _____

Mailing Address:

Street/P.O. Box _____

City/Town _____

State _____

ZIP Code _____

Name of Owner or Corporation _____

Facility Contact Person _____

Contact Person Title _____

Telephone Number _____

Email Address (Optional) _____

Note: Continue the description on separate attachment, if necessary.

B. Description of Facility & Proposed Plan Approval Consolidation

Note: See instructions for explanation.

C. Emission Unit Overview

Include only those emission units to be consolidated or to have multiple requirements streamlined.

Example:

Emission Unit #	Stack #	Description
1	1	CB400 Boiler
2		CB200 Boiler
3	general ventilation	Heidelberg 28x40 Printing Press



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C. Emission Unit Overview (continued)

[illegible]



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D. Applicable Requirements

[illegible]



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E. Proposed Terms & Conditions (continue on separate attachment, if necessary)

Detail the most stringent emissions limitations and/or standards, appropriate monitoring, associated recordkeeping and reporting, and such other proposed conditions as are necessary to assure compliance with all applicable requirements:

Emission Unit #	Proposed Requirement

F. Implementation Schedule

Propose a schedule for implementing any new monitoring/compliance approach relevant to a consolidated plan approval if you will require additional time to implement the streamlined terms and conditions. All current record keeping, monitoring, and reporting requirements (applicable requirements) will continue to apply until the new monitoring/compliance approach is operational.

☐ Schedule Attached

☐ No Schedule Necessary



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G. Certification

This Form must be signed by a Responsible Official working at the location of the facility. Even if an agent has been designated to fill out this Form, the Responsible Official must sign it. (Refer to the definition given in 310 CMR 7.00.)

I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

Responsible Official Name (Type or Print)

Responsible Official Signature

Responsible Official Title

Responsible Official Company/Organization Name

Date (MM/DD/YYYY)

This Space Reserved for
MassDEP Approval Stamp.